rican Journal for November, 1831. A case is published in the same number, by Jesse W. Mighels, M.D., of Maine, who in his operation, did not cut through the cheek, but introduced his bistoury at the angle of the mouth, and in this manner divided the morbid attachments. This he considers "an improvement worthy of notice, for independent of its saving at least some pain, there is no danger of the breaking of stitches, and slipping of adhesive straps during the cure." I am not disposed to attach much weight to this improvement; the scar on the cheek is a mere line, and this objection is fully counterbalanced by the greater facility and correctness with which the adhesions may be separated, when the cheek has been divided. Indeed, Dr. Mighels, in the modification of the operation, appears to have made a virtue of necessity, as the patient positively objected to having his cheek cut through.

"I think an improvement may be made on Dr. Mott's lever, by the addition of two prominences to the levers, say from four to six lines distant from their free ends. When the extremities are separated by the screw, they form a double inclined plane, towards the screw, and will slip into the patient's mouth, unless something be interposed. This defect, and it is a serious one, might be obviated in one of two ways—either first, by having two shoulders placed at a suitable distance from the ends of the lever; secondly, by having the levers made of a solid piece of metal, of a triangular shape, instead of being bent, as now, at right angles."*

Abscess in the right Iliac Fossa.—We have several times in this Journal invited attention to this disease, and in the *American Cyclopedia of Practical Medicine and Surgery*, vol. i, p. 80, gave a summary of what was known respecting it. There is much reason to believe that the affection is more frequent than is supposed, and that from want of acquaintance with the disease, practitioners often fail to recognise it.

The following interesting case communicated by Dr. Ticknor to the New York Medical and Surgical Society, confirms these views, and we transfer it to our pages from the *New York Med. and Surg. Journ.*, in hopes of attracting attention to the subject.

"Mrs. E. W. aged 53, had cholera in '32; since then has had more or less complaint of the bowels—as irregularity of their action, attended with frequent excruciating pains. These paroxysms of pain would continue for a few hours, and then subside, leaving her in comfortable health. On September 10th, I was sent for to see her in the night, and found her vomiting a greenish bile, and complaining of severe and intolerable pain in the region of the caput coli, the seat of which she said she could cover with a dollar. There was but little tenderness of this region on pressure. I prescribed calomel and opium, with injections sufficient to evacuate the bowels, and leeches to the abdomen. These gave but temporary and slight relief; I then blistered the part which was tender on pressure, with considerable relief of the pain; but as soon as the blistered surface healed, the pain reappeared in its original location. I then made a second blister, and when it was about to heal, I applied a plaster of Mezereon ointment; this caused a good deal of irritation in the nervous system, and from this moment the internal pain seemed to be transferred to the skin, directly where the last plaster was applied. After the blister healed, the skin yet remained painful and exceedingly tender to the touch; and from this time to the day of her death, the slightest touch of this part with the finger caused the greatest pain. This sensibility of the skin extended downwards into the groin, to the top of the thigh, and around the whole hip. After laying the fingers gently upon the sensitive skin, she could then bear firm pressure without the least pain, except

* A better instrument, probably, is that employed by Dr. Mutter. See our preceding No. p. 91.

About a year since we saw two cases of immobility of the lower jaw with very extensive adhesions, the consequence of excessive salivation, treated with success, by Dr. J. R. Barton, of this city, by operation. We should be pleased to receive from him the details of these cases.—Ed.

over the region where pain was first felt; and even there I frequently made firm pressure without causing the slightest uneasiness.

"Pains, which seemed to be more deeply seated than the skin, extended down the leg to the foot, but after a time were confined to the neighbourhood of the hip joint. After the first two weeks, the pain was so great on extending the limb, that it assumed the flexed position, and was never afterwards straightened.

"Occasionally, there would be fulness of the affected side, which would disappear in a short time, leaving the whole abdomen lank.

"A proposed consultation to the friends was not listened to, till about the sixth week of the patient's illness, when Dr. J. K. Rodgers saw her at my request.

"Of one thing he was certain—and that was, that there was no disease of the hip joint, and the painfulness of the skin, and absence of pain or tenderness on pressure, left the case in great obscurity.

"About three days before death, there was a tumefaction, containing air, about two or three inches in diameter, just below the crest of the ilium, on the posterior part of the hip. There was some fever from the commencement till toward the termination of the disease, which took place on the 10th of November.

"*Post-Mortem Examination* by Dr. Rodgers and myself, about 24 hours after death.

"Great emaciation—Fulness of the anterior part of the abdomen, between the umbilicus and spine of the ilium and pubis, occupying the whole region made by a line drawn from the umbilicus outwards with the linea alba. Integuments livid, four inches in length, in the direction of Poupart's ligament, and vesicated one quarter of the distance between the ilium and spine of the pubis. On turning aside the integuments, we came directly upon a fecal abscess, corresponding to the head of the colon. The liver was rather pale, gall-bladder distended; urinary bladder full; firm adhesion between the caput coli and peritoneum; all the bowels natural except the part to be described.

"There was an ulcer of the posterior parietes of the head of the colon, of the size of a dollar, and a perforation of the intestine about as large as a sixpence. The contents of the bowel had escaped by this perforation, and followed the course of the psoas magnus behind Poupart's ligament, thus forming the prominence on the anterior part of the abdomen. There was no evidence of recent inflammation, and the probability is that the perforation occurred on the night of the 10th of September when the patient was first taken ill, and that the ulcer was of long standing."

Case of injury of the Head by a fall.—Dr. J. L. BURTT, of Cincinnati, relates in the *Western Journal* (June 1840) the case of a child 3 years of age who fell from a window a height of perhaps sixteen feet on the brick pavement, alighting on the top of the head. "When taken up, and for an hour afterwards, the cranial bones were so depressed as to present an almost level surface. I might safely say, that its head was as flat as a table.

"The *os frontis* projected forward at least two inches over the eye brows, in its natural position. The child was examined by Drs. Mussey and Fore. It presented all the symptoms of violent concussion of the brain for about an hour.

"Its head was shaved, but on examination no symptom of fracture was found as had been expected. After this period, a spasmodic action of the facial muscles ensued, and shortly after it vomited several times, which seemed to relieve it and in a great degree to overcome the remaining stupor.

"Cold applications to the head, and enemata, which were speedily followed by copious evacuations, formed the treatment at this period. From the time that its bowels acted it seemed perfectly sensible, knowing its mother and asking for water. In the mean time, the cranium had made considerable advances towards its proper elevation. I sat up with it during the night—it rested well; the reaction was not high, so that bleeding was not necessary; and the cranial bones rapidly assumed their natural position. From this time until the 30th, the convalescence was rapid, the only treatment being cold applications to the head, and the administration of gentle catharties."